

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 89/

Office of Registrar of Vital Statistics.

Ward

1 #

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 3/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Rayne

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

57 Years,

Months,

Days.

Color,

white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Housekeeper

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

during life

Place of Death,

{ Give Street and Number. }

434 S. Patterson Park ave

Cause of Death,

{ First (Primary),

Second (Immediate),

Temporal + Frontal Neuralgia
Supposed Abscess on the Brain

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial,

Greenmount

Date of Burial,

July 5th 1887

{ Undertaker,

Henry L. Mears

R. W. Mausfield

M. D.

Medical Attendant.

{ Place of Business,

413 E. Fayette St

Address,

129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

892

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 2.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Matilda Arnold

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

2

Months,

28

Days.

Color,

White

Married, Single, Widow or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

No 1712 Elizabeth Lane

Cause of Death,

{ First (Primary),

Second (Immediate),

Marasmus

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

July 4th 1887

{ Undertaker,

Ch. Weber

A. C. Burch

M. D.

Medical Attendant.

{ Place of Business,

818 Greenmount Ave.

Address,

511 Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 893 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 5 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James McE Gonnigle

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 3 Months, 7 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Nothing

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Acute life

Place of Death, { Give Street and Number. } Holiday & Hilled

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, July 4th 1887

Undertaker, Wm. Weber

Place of Business, 818 Greenmount Ave. Address, City Hosp. Bldg.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

A Health Department, City of Baltimore.

Permit No. *894*

Office of Registrar of Vital Statistics.

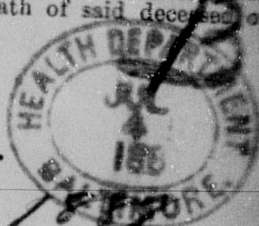
Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

3d July 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary McGuire

Sex, *Male* or Female,

{ Cross out the word not required in this line. }

Female

Age,

92

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Widow

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

776 N. Henry St.

Duration of Residence in the City of Baltimore,

Over fifty years.

Place of Death,

{ Give Street and Number. }

Cause of Death,

First (Primary),

Old Age

Second (Immediate),

Weak Heart.

Duration of Last Sickness,

Eleven Days

All the above information should be furnished by the Physician.

Place of Burial,

St. Paul Cathedral Cemetery

Date of Burial,

5th July 1887

Undertaker,

A. W. Seukins & Sons

Place of Business,

Park & Saratoga

Address,

Fayette & Fremont

E. H. Little

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 895

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3. 1887

Full Name of Deceased, Bertha Peters
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 14 Days.

Color, C

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Book

Birth Place, Buch
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3

Place of Death, 3 Carlton St
{ Give Street and Number. }

Cause of Death, Marasmus
Cholera Infantum
Two days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Leiby

Date of Burial, July 4 " 1887

Undertaker, Deeny & Mitchell

Place of Business, 1261 W. Fayette St
263 W. Fayette St

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Recognition of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 896

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Wyand.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, 23 Months, 23 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Nil

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 22 E Lombard St

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 22 E Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.

Duration of Last Sickness, Twenty days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Trapp Road

Date of Burial, July 4th

{ Undertaker, } Wm Schaeffer M. D.

{ Place of Business, } #8 S. Front St Medical Attendant, Wm S. Exley Jr

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 897 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oletha Zennetta Barnes

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 735-76 Bay

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Exhaustion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th

Undertaker, Wm Schaeffer J. B. Schantha M. D. Medical Attendant.

Place of Business, #8 S. Front St Address, 933 N. Bay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 898 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 2, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Millie E. Shatters

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Always

Place of Death, { Give Street and Number. } 1426 Bruce St

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, July 2/87

Undertaker, Geo. E. Brown Wm. J. Chappell M. D.

Place of Business, Health Office Address, Prattman & Thacker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Board of Health, City of Baltimore,

Permit No. 899 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death, July 3, 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Ed. Thomas
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, _____ Years 5 Months, _____ Days,
Color, Mallatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } _____
Occupation, _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto: Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 828 T. 500 St

Cause of Death, { First, (Primary,) Chorea Infantum
Second, (Immediate,) _____

Duration of Last Sickness, 3 days
At the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 4, 1887

{ Undertaker, Ac. Thomas Medical Attendant, Dr. H. H. H. H.
Place of Business, 510 N. Charles St Address, 218 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A 900 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1887
Full Name of Deceased, Wm Lephir { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or ~~Female~~, { Cross out the word not required in this line. }
Age, 36 ~~Years~~ Months Days
Color, White
Married, ~~Single~~, Widow or ~~Divorced~~, { Cross out the words not required in this line. }
Occupation, Saloon Keeper
Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }
Duration of Residence in the City of Baltimore, 23 Years
Place of Death, Maryland General Hospital { Give Street and Number. }
Cause of Death, { First (Primary), Second (Immediate), } Suicide caused by a pistol shot through the right temple
Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery
Date of Burial, July 5th
Undertaker, F. W. Tolle
Place of Business, 421 Hanover St. Address, _____
L. G. Spanow M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]